

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>NOTICE OF RIGHT TO REQUEST HEARING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a mentally ill person

On \_\_\_\_\_, after a hearing required by statute, the court found you to be a person requiring treatment and entered an order for a program of alternative treatment.

After being notified that ☐ the alternative program was insufficient the court entered an order modifying  
☐ you did not comply with the alternative program  
the above order, which resulted in your return to the hospital and/or placement on a different alternative treatment program. A copy of the amended order is attached.

**NOTICE OF RIGHT TO REQUEST HEARING**

**You are notified** that you, or an interested party on your behalf, may apply to the court for a hearing on the facts alleged in the notice of insufficiency of the alternative program/noncompliance with the alternative program. The court must then schedule a hearing within 10 days after receiving this application.

**PROOF OF SERVICE**

I certify that this notice was personally served on the above individual on \_\_\_\_\_  
at \_\_\_\_\_ and a copy was mailed to the \_\_\_\_\_ Court on \_\_\_\_\_  
Date \_\_\_\_\_

**APPLICATION FOR HEARING**

I request a hearing on the order entered as required under the mental health code. I am ☐ the individual named above.  
☐ the guardian.  
☐ an interested person.  
☐ I request court appointed legal counsel.

I declare that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

Do not write below this line - For court use only